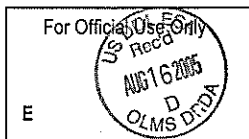


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 181 50	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Douglas J Banes P.O. Box, Bldg., Room No., if any suite C Street 855 S Mill Street City Mt. Carroll State Illinois ZIP Code + 4 61053	4. Name, file number, and address of labor organization. Name United Brotherhood of Carpenters Labor Organization File Number 000-085 P.O. Box, Building and Room Number, if any 10th fl Street 101 Constitution Ave., NW City Washington State DC ZIP Code + 4 20001
5. Position in labor organization. General Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Douglas J. Banes	On 8/11/05 Date	815-244-7838 Telephone Number

Name of Person Filing	Douglas J. Banes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Harbaugh Hotels</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1600 Indian Canyon Drive</p> <p>City Palm Springs</p> <p>State CA ZIP Code + 4 92262</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>								
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SW Carpenters Pension Trust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 533 S Fremont Ave.</p> <p>City Los Angeles</p> <p>State CA ZIP Code + 4 90071</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>The International rents hotel rooms which are managed by Harbaugh Hotels. Furthermore, the hotel is owned by the Southwest Carpenters Pension Trust, which is managed by Harbaugh Hotels.</p> </div> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1/8/04 Fruit Basket</td> <td style="text-align: right;">\$45.00</td> </tr> <tr> <td>2/14/04 Fruit/Cheese/Beverages</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td>3/28/04 Fruit Basket/Wine</td> <td style="text-align: right;">\$78.00</td> </tr> <tr> <td>12/6/04 Fruit Basket</td> <td style="text-align: right;">\$45.00</td> </tr> </table> <p>12.b. Amount. \$418.00</p>	1/8/04 Fruit Basket	\$45.00	2/14/04 Fruit/Cheese/Beverages	\$250.00	3/28/04 Fruit Basket/Wine	\$78.00	12/6/04 Fruit Basket	\$45.00
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12/6/04 Fruit Basket	\$45.00								

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <input type="text"/>	<div></div>
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>